

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/83/682  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13		2				
14		2				
15		2				
16	1					
17		1				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26	1					
27		2				
28		2				
29		2				
30	1					
31		1				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38	1					
39		1				
40		2				
41		2				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		41				
TOTAL CLAIMS	4	41				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS